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ABSTRACT

This report describes a 1979 study of the effectiveness of "merolicos"--Mexican medicine showmen--in disseminating health-related information to rural and urban populations with varying amounts of education. It is noted that five showmen were chosen and trained to disseminate a multi-part message on the nutrition of infants in six Mexican communities, and that interviews with mothers in these and six other control communities were later conducted to evaluate the impact of the medicine shows. The merolicos' nutrition message is described as containing, among other items, a recommendation for mothers to cleanse their breasts with camomile tea; the idea of a "magic meal" of beans and tortillas for infants aged 3 months and older; and the name and function of colostrum, the first breast secretion. Data are presented on the impact of these three items only. The results reported indicate that merolicos were able to change people's knowledge, attitudes, and behavior; that medicine showmen were effective in both rural and urban areas; and that the more educated also listened to and were influenced by the merolicos. It is recommended that medicine showmen be integrated into ongoing public health programs. A list of seven references and information about the authors of the report are attached. (ESR)

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OCCASIONAL PAPER #7

Medicine Showmen and the Communication of Health Information in Mexico

Joseph J. Simoni, Luis Alberto Vargas,
and Leticia Casillas

1982

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FOREWORD

Through its series of Occasional Papers, the NFE Information Center seeks to provide a forum for the exchange of ideas among those pioneering in the study and practice of non-formal education. In dynamic, relatively new fields of inquiry and experimentation it is especially important to bring "ideas in progress" to the light of collegial scrutiny. We intend the papers in this series to provoke critical discussion and to contribute to the growth of knowledge about non-formal education.

In this paper, the three authors show, through a description of their research, how Mexican medicine showmen can be effective in disseminating health-related information. Based on many years of research and experience, the authors designed and conducted a controlled research project in infant nutrition. The results they share with us suggest that showmen are effective communication channels, and that, through the showmen, it is possible for health education programs to have an impact on individuals' knowledge, attitudes and behavior. This research also indicates that medicine showmen can influence urban and more highly educated populations as well as poor, rural ones.

We are very grateful to the authors for bringing their work to our attention and for allowing us to share it with development planners and practitioners in the Non-Formal Education Network.

We extend special thanks to Joe Simoni who represented the team of researchers during the final preparation of this Occasional Paper.

As always, we invite your comments and contributions to enrich the dialogue concerning important issues in non-formal education.

Mary Joy Pigozzi

Director

Non-Formal Education
Information Center

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MEDICINE SHOWMEN AND THE COMMUNICATION OF HEALTH INFORMATION IN MEXICO

Joseph J. Simoni, Luis Alberto Vargas,
and Leticia Casillas

I. INTRODUCTION

MEROLICOS are Mexican medicine showmen whose counterparts can be found in many other developing areas of the world. Merolicos frequent marketplaces and other common meeting places, like areas near subway stations, and town squares, but they also work spots where crowds are not usually found. With ventriloquism, mental telepathy, snake handling, clown acts, medicinal recipes, and other kinds of crowd-pleasing performances, they attract the public and in the end always offer for sale some medicinal product.

Initial research into the relationships between medicine showmen and their patrons suggested that communications on the medicine-show model might not only be favored by many of the poor, but might be especially effective in combining the persuasive advantages of mass media and interpersonal communication channels. Results (Simoni and Ball, 1975) disclosed that the patrons of medicine showmen often return again and again, and are not just passers-by stopping to be entertained for a few moments. They regard the showmen as honest and credible, and they value very highly the showmen's ability to explain clearly. Showmen were

observed to talk to as many as 250 people, and to sell to as many as 70 people, in a period of about two-and-a-half hours.

From 1976 field results it was concluded that the most meaningful differentiation between patrons and non-patrons of Mexican medicine showmen is made not in terms of their health orientations (scientific, mixed, or folk-traditional), but in terms of their curiosity and eagerness for information regarding scientific medicine, and their belief in the showmen. For example, results indicated that 25 percent of patrons and 50 percent of non-patrons exhibited folk-traditional health orientations. However, patrons who exhibit folk-traditional health orientations are definitely different from their non-patron counterparts in that they are interested in hearing more about "scientific medicine" from the medicine showmen (Simoni and Ball, 1977a).

Further developments led to the preparation of a proposal for a pilot project, which was submitted by the Institute of Anthropological Research at the Universidad Nacional Autonoma de Mexico (UNAM) in Mexico City to the Mexican National Council of Science and Technology (CONACYT). That proposal was approved by CONACYT and endorsed by the Mexican National Health Council. Funding through CONACYT and financial support from the Inter-American Foundation, UNAM, and West Virginia University made the pilot project possible.

Past research had suggested that communication on the medicine-show model would greatly enhance public health efforts

in many developing areas, and that it would be especially effective in supporting and facilitating existing public health programs. Medicine showmen talk to many people at one time, and utilize their understanding of local culture and language to enhance their effectiveness. The mass media characteristics could be used to develop and maintain social climates favorable to the acceptance of new health-care norms, while the interpersonal channel characteristics could provide the person-to-person contact which is so critical in influencing the actual adoption of innovative behavior in developing areas. The major objective of the pilot project was to substantiate the value of using medicine shows as part of public health programs. Specifically, the results presented here speak to three questions: (1) Are medicine showmen actually able to effect changes in health related knowledge, attitudes and behavior of their audiences? (2) Are medicine showmen effective only in rural areas? (3) Are medicine showmen only effective with the least educated?

II. METHODOLOGY

Selection of Communities

Twelve communities (6 test -- 6 control) were selected for the purposes of the project. Six of them were colonias near the peripheries of the cities of Oaxaca, Morelia, and Mexico. The remaining six were rural communities from the states of Oaxaca and

Michoacan, and the Distrito Federal (D. F.). These areas were used for the project because: a) they provided a representative sample of a good part of Mexico, b) the research team has had intensive research experience in all the three areas, and c) the research team enjoyed excellent rapport with showmen in all three areas.

The twelve communities were selected according to the following criteria. (1) Each of them had to be more or less self-contained and not too large, so as to be of workable size for both project implementation and evaluation. (2) Each community must have had no history of previous localized interpersonal attempts at the kind of nutrition education to be employed as part of the project.

Selection of the Medicine Showmen

Five showmen were selected to work with the project. They were selected on the basis of: a) their observed expertise, b) their experience in the regions to be worked, c) their past honesty in dealings with Simoni, and d) their apparent interest in contributing to attemps at improved public health education.

Message Content

Since 1979 was the International Year of the Child, and since Vargas and Casillas possessed expertise in the general area of nutrition and growth, we decided to focus the message content on

the nutrition of infants up to 1 year of age. During the message preparation stage, we instructed the showmen to emphasize the following points.

1. The value of breastfeeding to at least 1 year of age.
2. The name and function of the first breast secretion, colostrum.
3. A recommendation for mothers to cleanse their breasts with camomile tea before breastfeeding.
4. A recommendation for early supplementary feeding, with continued lactation for infants. Indicated supplementary feeding entailed:
   a) Fruit Juices (orange, apple, tomato) at 15 days of age;
   b) Fruit at 2 months;
   c) A "magic meal" of puree of beans, the juice from the beans, and some other product like tortilla or cracker at 3 months;
   d) Vegetables at 4 months;
   e) Egg yolks at 5 months;
   f) Meat at 6 months.
5. The value of vitamin drops for babies.
6. The functions of vitamins A, C, and D.

Infant nutrition, what babies should or should not eat, and what mothers should or should not do if they want their babies to be healthy, are all popular topics of conversation for families

with infants. Furthermore, improved infant nutrition and general infant care are major objectives for many health-oriented organizations which attempt to disseminate information, utilizing both mass media and interpersonal channels of communication. This presented a problem, for we had to have some way of discerning the separate impact of communications from the medicine showmen.

We dealt with the problem in three ways. We first incorporated into the message two items of information which we knew were not being disseminated through any other channels, the recommendation for mothers to cleanse their breasts with camomile tea, and the idea of the "magic meal." Secondly, we decided to emphasize the name and function of the first breast secretion, colostrum. We felt that ever though a small percentage of the public which we hoped to reach would be aware of colostrum, it was not an item of information greatly emphasized as part of other health communication efforts. Lastly, we made plans to incorporate into the evaluation instruments questions pertaining to the sources of information or knowledge indicated by respondents.

Message Preparation

This phase of the project merits a separate paper focusing on the dynamics of developing cooperative working relationships between medicine showmen and academics, and between medicine

showmen themselves when their audience was made up of academics. For this paper, though, we will simply outline the phase in three parts.

The showmen spent 3 weeks working with us in Mexico City. The first week was very relaxed, giving everyone a chance to get acquainted, and giving the academics an opportunity to learn from showmen about communicating with the public. The second week was much more structured. The showmen attended class-like sessions and were instructed as to the message we wanted them to communicate, and the reasons, including scientific rationales, for the importance of each segment of the message. At the end of the second week we asked each of them to develop a medicine-show routine incorporating all segments of the message. We emphasized that the routines should be developed according to their individual styles, and that we only sought uniformity in the correctness of the message content. For example, we wanted them all to recommend the "magic meal" for infants at 3 months of age, and not for 2 or 5 months of age. During the third week, the showmen initially presented their routines, made changes based on constructive criticism from us and their fellow merolicos, and practiced again and again until they all felt comfortable and ready to try them on the public. At the end of the week we had them practice near one of the metro stations in Mexico City.

Communication the Message

After the medicine showmen were ready to begin the field phase of the project, we waited for about a month before having them actually start. Easter Holy Week was nearing, and it is difficult to get anything done during that time in Mexico. Therefore, this phase of the project, to last 3 months, began the week after Easter, in late April of 1979.

In Oaxaca and the Federal District the showmen worked in pairs. In Michoacan the fifth showman worked alone. In each of the three areas there were two test sites, a marginal colonia and a rural village. The showmen worked each site only once a week for a period of about 3 hours. Within each site they moved around to different locations, covering three different spots each visit. In conference with the showmen, we determined which locations would be used. We tried to select places where crowds would more readily gather for the medicine shows, and we wanted the showmen to work a number of locations within each test site so that they might reach as many people as possible. As things worked out, each designated location or spot was worked three or four times during the 3 months.

Evaluation

After the medicine showmen had worked for 3 months communicating the message, we waited another 2 months before carrying

out the field segment of the evaluation phase. Social workers and nurses, trained to administer the interview instruments, first surveyed 20 percent of the households in both the test sites and control sites in order to provide us with measurements of the communication impact of the medicine shows. They interviewed mothers, first preference being for mothers of infants less than 1 year old; second preference being for mothers of pre-schoolers older than 1 year; and so on. This major segment of our sample included 400 women from test sites and 344 women from control sites.

All interviews, at every test site and control site, were completed during a period from 60 to 75 days after the final communication of the message. The findings which follow are products of a first stage analysis of data gathered during those interviews. To support the findings, we also have tape recordings of all the medicine shows, and field notes about many of the shows that we personally observed during the course of the project.

III. FINDINGS

The data reported here focus on the clearest indicators of the impact of the medicine shows presented by the merolicos, the responses to questions dealing with breastfeeding hygiene, the "magic meal," and the first breast secretion, colostrum. Not

only do these responses clearly indicate the impact, but they also deal with all three areas of potential impact, those being knowledge, attitudes, and behavior.

In the knowledge area the results are impressive. Regarding the "magic meal," 24 percent of the mothers retained knowledge of its contents. Also, for the total sample of mothers, the data indicated that the showmen were able to cause a 17 percent increase in the number of mothers knowledgeable about colostrum.

Responses to the question asking about advice for nursing mothers indicate that medicine showmen can change attitudes or, in this case, recommendations for behavior. Nineteen percent of mothers in the test group recommended camomile tea for cleansing breasts before breastfeeding. We can safely assume that, as with control counterparts, before their exposure to the medicine shows they would have recommended some other form of hygiene, or nothing at all. Therefore, their responses at least 2 months after exposure to the medicine shows constitute changed attitudes or ways of thinking about breastfeeding hygiene.

Knowledge and attitudes are important, but what do the data indicate as to the medicine showmen's potential for changing behavior? Mothers who were breastfeeding at the time of the interviews were asked what they actually were using to cleanse their breasts before nursing their children. Whereas not even one individual in the control group indicated the use of camomile tea,

8 percent of the breastfeeding mothers in the test group said that they used camomile tea. This is an unambiguous illustration of the ability of the merolicos to change behavior. The answer to the first question is a definite YES. Medicine showmen in Mexico are more than passing attractions.

Are medicine showmen effective only in rural areas? The traditional popular perspective of parties pretending knowledge of merolicos has been that medicine showmen may have some influence in rural areas, but not in urban areas. The three urban areas utilized in this study, Mexico City, Morelia, and Oaxaca, all have more than 200,000 inhabitants. What impact did the medicine showmen have with this urban segment?

In the knowledge area the results are again impressive. Regarding the "magic meal" 26 percent of the mothers in the urban test group (N=201) retained knowledge of its contents. Also, for the total urban sample, the data indicate that the showmen were able to cause a 21 percent increase in the number of mothers knowledgeable about colostrum. Whereas 23 percent of the urban control group indicated knowledge, 44 percent of the urban test group did so.

Responses to the question asking about advice for nursing mothers indicate that medicine showmen can influence attitudes of urban populations. Fifteen percent of mothers in the urban test group recommended camomile tea for cleansing breasts before

breastfeeding. As indicated above, these responses constitute changed attitudes or ways of thinking about breastfeeding hygiene.

What do the data indicate as to the medicine showmen's potential for changing actual behavior of urban residents? When mothers in the urban areas were asked what they actually were using to cleanse their breasts before breastfeeding their children, 9 percent of the test group said they used camomile tea. The answer to the second question is a definite NO. Medicine showmen are effective in both rural and urban areas.

The third and last question dealt with in this paper focuses on the medicine showmen's effectiveness with the more educated segment of the population. The popular perspective of those who claim to "know all" about merolicos is that only uneducated or relatively uneducated people listen to the medicine showmen and are influenced by them. However, based on our data, we must disagree.

For the purpose of analysis we divided the sample into those having achieved a low level of education, third grade or less, and those having achieved a higher level of education, fourth grade or more. Again, in the knowledge area, the results are impressive. Regarding the "magic meal" only 19 percent of mothers with a low level of education, compared to 34 percent of mothers with a higher level of education, retained knowledge of its contents. Also, the data indicate that the showmen were able to cause only an 11 percent increase in the number of mothers with

a low level of education who were knowledgeable about colostrum, but a 30 percent increase in the number of knowledgeable mothers with a higher level of education.

Responses to the question asking about advice for nursing mothers indicate that medicine showmen can also change attitudes of mothers with a higher level of education. Twenty-three percent of the test-group mothers with a higher educational level recommended camomile tea for cleansing breasts before breastfeeding. This can be compared with 18 percent of test-group mothers with a low level of education who made the same recommendation.

Regarding the medicine showmen's ability to change behavior, as indicated above, mothers who were breastfeeding at the time of the interviews were asked what they actually were using to cleanse their breasts before nursing their children. The data show that 5 percent of test-group mothers with a low level of education said they were using camomile tea. This can be compared with 14 percent of test-group mothers with a higer level of education who also said they were using camomile tea. Thus the answer to our third question is again a definite NO. Medicine showmen are not only effective with the uneducated or relatively uneducated. The more educated listen to them too, and are also influenced by them.

IV. CONCLUSIONS

In the light of earlier research results, and the data from this pilot project, we can enthusiastically endorse the idea of using medicine shows as part of public health programs. In this project, merolicos or medicine showmen have demonstrated their abilities to effect changes in knowledge, attitudes and behaviors of their audiences. Furthermore, we are enthusiastic because the test was a rigorous one. The challenge consisted of the following:

A. Test communities with histories of unwillingness to cooperate with government-sponsored programs. The state health agency had withdrawn its program from one of the rural test sites, and one of the test colonias was a mushroom settlement not legally recognized by the local government.

B. Test populations with low levels of education. Ninety-one percent of the mothers interviewed had not gone past primary school. Sixty-four percent had not gone past third grade.

C. Attempting to communicate a rather lengthy message consisting of more than ten parts.

D. Attempting to change attitudes and behavior about things steeped in tradition and culture. Infant nutrition is a subject about which everyone has an idea or opinion.

E. Working during the rainy season. This resulted in having to change work plans, working in the rain, etc.

F. Communicating the message during only a 3-month period. This resulted in each test community being worked a maximum of only 40 hours.

G. Conducting the evaluation interviews in each test community only after at least 2 months had passed since the last medicine show.

V. DISCUSSION

The idea of using merolicos as part of community health programs is now based on seven years of research and experience. It makes sense in terms of (a) our knowledge of target subcultures and communities, (b) our knowledge of various communication media and their potentials for communicating health information to these targets, (c) the comparatively low potential cost, when compared with other health communication efforts, and (d) the relatively low potential cost, relative to the potential benefits or results.

Infant-nutrition information, of course, is just an example. Information on venereal diseases, gastro-intestinal disorders, heart disease, or just about any other health-related topic could be disseminated by medicine showmen. We know people listen to them. We know people will gain knowledge and change both attitudes and behaviors as a result of their contact with medicine showmen.

We believe medicine showmen should be integrated into ongoing public health programs.

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